

STATE OF CALIFORNIA
IN-SERVICE TRAINING SIGN-IN SHEET
CDC 844 (Rev. 8/98)



CLASS TITLE:	CLASS CODE	CLASS TIME	CLASS DATE
CLASS DESIGNED FOR :	INSTRUCTOR'S NAME:	LENGTH OF CLASS	

	LAST 4 DIGITS SSN	<u>PRINT</u> FULL NAME (Last, First)	PPAS ID	WORK CLASS	TODAY'S WORK HOURS	IN	OUT	MEAL BREAK Y or No	OVER TIME HOURS	FULL- TIME or PIE	SIGNATURE	Class score <i>Instructor's Use Only</i>
1												
2												
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ALL COLUMNS MUST BE COMPLETED

INSTRUCTOR'S SIGNATURE:

LAST 4 DIGITS OF SSN:
